

**Statement of Organization
Recipient Committee**

For Official Use Only

Date Stamp

Termination - See Part 5

Date of termination
12 / 23 / 22

Amendment

Date qualification threshold met

Initial
 Not yet qualified
 Date qualification threshold met

2. Treasurer and Other Principal Officers

1. Committee Information I.D. Number 1445519
(if applicable)

NAME OF COMMITTEE Committee to Elect Gina Dockstader 2022 IID Director Division 3		NAME OF TREASURER Robert Trimm	
STREET ADDRESS (NO P.O. BOX) [REDACTED]		STREET ADDRESS (NO P.O. BOX) [REDACTED]	
CITY [REDACTED]	STATE [REDACTED]	CITY [REDACTED]	STATE [REDACTED]
ZIP CODE [REDACTED]		ZIP CODE [REDACTED]	
AREA CODE/PHONE [REDACTED]		AREA CODE/PHONE [REDACTED]	
NAME OF ASSISTANT TREASURER, IF ANY		NAME OF PRINCIPAL OFFICER(S)	
STREET ADDRESS (IF DIFFERENT) [REDACTED]		STREET ADDRESS (NO P.O. BOX) [REDACTED]	
CITY [REDACTED]		CITY [REDACTED]	
STATE [REDACTED]		STATE [REDACTED]	
ZIP CODE [REDACTED]		ZIP CODE [REDACTED]	
AREA CODE/PHONE [REDACTED]		AREA CODE/PHONE [REDACTED]	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) robert@desertskyfarms.com		JURISDICTION WHERE COMMITTEE IS ACTIVE Imperial County	

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on Dec 23, 20 22 By [REDACTED]
DATE DATE

Executed on 12 / 23 / 2022 By [REDACTED]
DATE DATE

Executed on _____ By _____
DATE DATE

Executed on _____ By _____
DATE DATE

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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I.D. NUMBER
1445519

COMMITTEE NAME
Committee to Elect Gina Dockstader 2022 IID Director Division 3

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION
Community Valley Bank

AREA CODE/PHONE
760 344 7771

BANK ACCOUNT NUMBER
020 239 0586

ADDRESS
310 Main Street

CITY
Brawley

STATE
CA

ZIP CODE
92227

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT

ELECTIVE OFFICE SOUGHT OR HELD
(INCLUDE DISTRICT NUMBER IF APPLICABLE)

YEAR OF
ELECTION

PARTY
CHECK ONE

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	Nonpartisan	Partisan	(list political party below)
Gina Dockstader	IID Director Division 3	2022	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(list political party below)
			<input type="checkbox"/>	<input type="checkbox"/>	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)
IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

	SUPPORT	OPPOSE
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>